

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41324

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 402

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, write RURAL and give town) Lebanon
c. LENGTH OF STAY (In this place) 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 Beckett St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Laclede
c. CITY (If outside corporate limits, write RURAL and give township) 0
d. STREET ADDRESS (If rural, give location) 311 Beckett St.

3. NAME OF DECEASED
a. (First) Emmett b. (Middle) Nelson c. (Last) Painter
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Oct. 22, 1905 9. AGE (In years last birthday) 45 10. IF UNDER 1 YEAR Months 2 Days 7 11. IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gov. Farm Security adm. 10b. KIND OF BUSINESS OR INDUSTRY La Monte, Mo. 11. BIRTHPLACE (State or foreign country) U.S.A. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elmer Painter 13b. MOTHER'S MAIDEN NAME Ida L. Steele 14. NAME OF HUSBAND OR WIFE Thelma Painter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Painter ADDRESS Lebanon, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease
ANTECEDENT CAUSES Left Sided Enlargement
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. nephritis chronic
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 572X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb., 1946, to Dec, 1950, that I last saw the deceased alive on Dec. 29, 1950, and that death occurred at 4: A. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS Lebanon, Mo. 23c. DATE SIGNED 12-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Memorial Church 24b. DATE Jan. 1, 1951 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) Seaside, Missouri

DATE REC'D BY LOCAL REG. 1-2-1951 REGISTRAR'S SIGNATURE Hella L. Gray 424 25. FUNERAL DIRECTOR'S SIGNATURE W.E. Holman ADDRESS Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951

MAR 8 1951

MAR 18 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Dorsey M. Howe

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.